## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 1614

By: Sheridan Neimark Registration No. 20,520

Application No.: 09/890,936								Examiner: Donna Jagoe						
Filed: November 7, 2001								Washington, D.C.						
For: NOVEL USE WITHIN TRANSPLANTATION SURGERY							Atty.'s	Atty.'s Docket: KORSGREN=1						
								Confirmation No.: 9165						
Custon	ner Service Window, M	ail Stop: A	mendment				Date:	: December 10	0. 2007					
Honorable Commissioner for Patents U.S. Patent and Trademark Office Randolph Building, 401 Dulany Street Alexandria, Virginia 22314														
Sir:														
Transn	nitted herewith is a REI	PLY: AMEN	DMENT, REMARK	S AND SUBM	ISSION C	F DECLARA	TIONS in th	ne above-ident	ified app	lication.				
	Small Entity Status: A		laim small entity sta	atus. See 37 C	.F.R. §1.2	27.								
	No additional fee is rec The fee has been calc	•	own below:											
l j	The lee has been calc	uiateu as sir	DWIT DEIGW.											
	(Col. 1)		(Col. 2)	(Col. 3)	7 -	S	MALL ENTI			OTHER THAN SMALL ENTITY			1TITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA EQUALS		RATE	AD	DDITIONAL FEE	OR	RA	ATE	ADDITI FE		
TOTAL		MINUS	** 20	0		x 25	\$			x 5	50	\$		
INDEP		MINUS	*** 3	0		x 105	\$			x 2	10	\$		
FIRST	PRESENTATION OF	MULTIPLE [	DEP. CLAIM			+ 185	\$			+ 3	70	\$		
					ADDITIO	VAL FEE TO	TAL \$		OR		TOTAL	\$		
***	The "Highest Number Previously Paid For" (total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment of the number of claims originally filed.													
[ ]	It is hereby petitioned f	or an extens	sion of time in accor	rdance with 37	CFR 1.13	6(a). The ap	propriate fee	e required by 3	37 CFR 1	.17 is cald	culated as	shown bel	ow:	
	Month After Time Per	\$ 60.00 \$ 230.00 \$ 525.00 \$ 820.00 riod Set	dy paid for mor	nth(s) extensior	n of time c	Response  [ ]   [ ]   [ ]   [ ]   Month Aft	er Time Per	\$ 120.00 \$ 460.00 \$ 1050.00 \$ 1640.00 riod Set						
[ ]	Please charge my Dec	osit Accoun	t No. 02-4035 in the	amount of \$										
[]	Please charge my Deposit Account No. 02-4035 in the amount of \$  Credit card payment authorizing payment in the amount of \$													
[XX]	The Commissioner is I overpayment to Depos Extension of Time fee, §1.16 and all patent prunder 37 CFR §1.18.	nereby autho it Account N not covered	orized and requeste lo. 02-4035. This a I by check or specif	ed to charge any outhorization an ic authorization	y additiona d request n, but is al	is not limited so intended to	to payment include all	t of all fees ass fees for the pr	ociated vesentation	with this co	ommunica i cla <mark>ims</mark> ui	ation, includ nder 37 CF	R	
			BROWDY AND NEIMARK, P.L.L.C.											
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